

FAMILY DIVISIONS / FAMILY SERVICES GRANT
BUDGET REQUEST

Jurisdiction: _____
Fiscal Year 2009

Please use this form to submit your budget request for Fiscal Year 2009. Fiscal Year 2009 covers the period from July 1, 2008 through June 30, 2009. Budget requests **must be received no later than July 16, 2007**. Please submit an **ORIGINAL SIGNED COPY** to the following address. We cannot accept faxed, emailed or incomplete requests.

*Pamela Cardullo Ortiz, Executive Director
Department of Family Administration
Administrative Office of the Courts
Maryland Judicial Center
580 Taylor Avenue, 2nd floor
Annapolis, Maryland 21401
Phone: 410-260-1580*

1. Administrative Personnel

Initials

COUNTY ADMINISTRATIVE JUDGE: _____	PHONE: _____	
FAMILY DIVISION ADMINISTRATIVE JUDGE (If applicable): _____	PHONE: _____	
JUVENILE JUDGE-IN-CHARGE (If applicable): _____	PHONE: _____	
FAMILY DIVISION ADMINISTRATOR (If applicable): _____	PHONE: _____	
FAMILY SUPPORT SERVICES COORDINATOR: _____	PHONE: _____	

This Budget Request has been prepared and submitted by:

Name (printed)	Title
Signature	Date

This Budget Request has been approved for submission by:

County Administrative Judge (printed)	
Signature	Date

2. Program Description

- A. Please list and provide a brief description of the various **programs** that are **currently provided** through your Family Division or Family Services Program using the table below. In the spaces indicated, list **new programs** that will be added if your request is fully funded.

Table 1. Family Division / Family Services Program - Programs

Program Title	Brief Description	How Provided (Contractual - C; In-House Staff - S; Private Panel - PP; Referral - R)	Program Costs (to the Court)	Funds Provided By FD/FSP Grant (FD), Local Govt (LG) or, Other Grant (O)?
Current Programs				
New Programs to be Added				

- B. Please list and provide a brief description of the **individual positions** that are **currently included** in your Family Division or Family Services Program using the table below. In the spaces indicated, list **new positions** you plan to add if your request is fully funded. Note that the positions itemized may overlap with the programs described above.

Table 2. Family Division / Family Services Program - Positions

Position Title	Brief Description	Grade	Salary	Benefits	TOTAL COST	Funds Provided By FD/FSP Grant (FD), Local Govt (LG) or, Other Grant (O)?
Current Positions						
New Positions to be Added						

- C. Please provide a short narrative regarding the additional needs that have been identified as priorities for expansion of your Family Division / Family Services Program in the fiscal year for which you are submitting this request. Please include any information or data that was considered in identifying these priorities. State how these priorities relate to the *Performance Standards and Measures for Maryland's Family Divisions*. Describe how new programs, services or positions will benefit the general public, litigants, the Court or other stakeholders.

FAMILY DIVISION / FAMILY SERVICES BUDGET PLANNING
BUDGET REQUEST FOR FISCAL YEAR 2009
 JURISDICTION: _____

3. New Positions and Programs

List below all new programs or initiatives which will be undertaken by the Circuit Court Family Division or Family Services Program if funding is made available. Please provide any statistics or other information which might justify the need for the proposed program. Within each program, indicate whether the program is to be provided contractually by an outside agency, or whether court staff will be hired directly. If the initiative entails the creation of new positions, please detail those as indicated. *If you utilized the Budget Planning Questionnaire, you may consolidate information here from Tables 1, 1A, 2, 3, 4, 5, 6 and 6A. Use a separate ROW for each program or area within the Family Division or Family Services Program. Include new positions, new programs, as well as program enhancements which reflect an increase of 5% or more in that program over last year. **Include only positions and expenditures for which you are seeking STATE (Family Services) Funding.*** (Add additional pages if necessary).

Table 3. New Programs, New Positions and Program Enhancements

Program/Position Name & Justification	List Each Expense and New Position	Personnel Costs (Itemize salary and benefits for each position)	Other Annual Costs	One-Time Costs	Total ADDITIONAL Program Costs (Include only cost increase)
Program/Position Name: Justification:					
<u>Program/Position Name:</u> Justification:					

Program/Position Name & Justification	List Each Expense and New Position	Personnel Costs (Itemize salary and benefits for each position)	Other Annual Costs	One-Time Costs	Total ADDITIONAL Program Costs (Include only cost increase)
Program/Position Name: Justification:					
Program/Position Name: Justification:					
Program/Position Name: Justification:					

4. Budget Request Summary

Summarize in Table 4 the COMPLETE proposed budget request for the Family Division or Family Services Program for the fiscal year. These amounts should INCLUDE all new funding detailed in Table 3. List here only funds requested as part of your Family Division / Family Services grant.

Table 4. Budget Request Summary

Description		Annual Expenditures	One-Time Costs	TOTAL
		A	B	C
OPERATIONAL EXPENSES	No. of Positions			
Administrative Personnel:				
a. Salaries				
b. Fringe				
Services/Professional Personnel:				
a. Salaries				
b. Fringe				
Dues/Subscriptions/Publications				
Equipment / Software				
Information Management				
Printing/Photocopying				
Supplies				
Telephone				
Training				
a. Judicial				
b. Staff				
Travel				
SERVICES RELATED EXPENSES:				
Alternative Dispute Resolution Programs				
Children - Childcare/Waiting Room				
Children - Psychoeducational				
Children's Attorneys (all types)				
Custody Investigations				
Domestic Violence – Advocacy				
Domestic Violence - Counseling/Treatment/AIPs				
Emergency Assistance				

Juvenile Programs: 1. 2. 3. 4. 5.			
Mental Health - Evaluations			
Mental Health - Treatment			
Parenting Coordination			
Parenting Education			
Self-Help Centers and Assistance			
Substance Abuse – Evaluations			
Substance Abuse – Treatment			
Visitation Services			
Other Contractual Services: 1. 2. 3.			
TOTALS:			

As indicated above, the total amount requested for Fiscal Year 2009 is \$_____.